

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. SCOTT A. SMITH**

Mailing Address **11 BOLTON PLACE**

City	State	Zip Code
PORT CHESTER	NY	10573-1806

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CONSULTANT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.113798**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

**B. Full Name (Last, First, Middle Initial)**

**SHANNON SMITH**

Mailing Address **727 COLVILLE RD**

City	State	Zip Code
CHARLOTTE	NC	28207-2309

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ABUNDANT POWER**

Occupation  
**CLEAN ENERGY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2700.00**

**Transaction ID : SA17.116696**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**2700.00**

**C. Full Name (Last, First, Middle Initial)**

**MR. STEVONNE SMITH**

Mailing Address **8504 LONGVIEW CLUB DRIVE**

City	State	Zip Code
WAXHAW	NC	28173-6806

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BALTIMORE RAVENS**

Occupation  
**NFL PLAYER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

**2500.00**

**Transaction ID : SA17.116525**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

**CONTRIBUTION**

Amount of Each Receipt this Period

**2500.00**

**Subtotal Of Receipts This Page (optional)**.....

**7900.00**

**Total This Period (last page this line number only)**.....